	E-filing OTOEC-3 PM 3:00 MEN			
1	COMPLAINT BY A PRISONER UN DER THE GIVIL RIGHTS ACT, 42 U.S.C §§ 1983			
2	CALGOURT			
3	Name WEAVER WILLIE			
4	(Last) (First) (Initial)			
5	Prisoner Number 5-91389			
6	Institutional Address PELICAN BAY STATE PRISON			
7	P.O. BOX 7000 CRESCENT CITY, CA. 95531.			
8				
9	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA			
10	WILLIEWEAVER)			
11	(Enter the full name of plaintiff in this action.)			
12	vs. Case No. (To be provided by the clerk of court)			
13	[
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16	(Enter the full name of the defendant(s) in this action))			
17				
18	[All questions on this complaint form must be answered in order for your action to proceed]			
19	[
20	[Note: You must exhaust your administrative remedies before your claim can go			
21	forward. The court will dismiss any unexhausted claims.]			
22	A. Place of present confinement			
23	B. Is there a grievance procedure in this institution?			
24	YES () NO ()			
25	C. Did you present the facts in your complaint for review through the grievance			
26	procedure?			
27	YES() NO()			
28	D. If your answer is YES, list the appeal number and the date and result of the			
	COMPLAINT -1-			

	appeal at each l	evel of review. If you did not pursue a certain level of appeal,
	explain why.	w. If you did not pursue a certain level of appeal,
	3 1. Informal app	eal
	4	
	5	
(6 formal level	
	7	
8	8	
9	9 3. Second forma	l level
10	0	
11	1	4 Third
12	formal level	
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14		
15 16		which you appealed the highest level of appeal available to
17	Jou.	
18	II .	NO (V)
19	explain why	ent your claim for review through the grievance procedure,
20	ospidin why.	BEING TROCESSED
21		
22	II. Parties	
23	A. Write your name ar	nd your present address. Do the same for additional plaintiffs,
24	if any.	present address. Do the same for additional plaintiffs,
25		ER PELICAN BAY STATE
26		BOX 7000 CRESCENT CITY
27	CA. 95531	THE SUPPORT CITY
28	B. Write the full name	of each defendant, his or her official position, and his or her
		, and his or her
	COMPLAINT	- 2 -

1	place of employment.
2	PELICAN BAY STATE PRISON
3	Third WATCh 11/22/07
4	
5	
6	ш.
7	Statement of Claim
8	State here as briefly as possible the facts of your case. Be sure to describe how each
9	defendant is involved and to include dates, when possible. Do not give any legal arguments or
10	cite any cases or statutes. If you have more than one claim, each claim should be set forth in a
11	separate numbered paragraph.
12	ON 11/22/07 THERE WAS NO ShowERS
13	FOR B-2 - A - SECTION UPPER TIER
14	SEE! CALIFORNIA CODE OF REGULATIONS
15	TITLE 15. ARTICLE 5. 3060, INSTITUTIONS
16	WILL PROVIDE THE MEANS FOR ALL INMATE
17	TO KEEP THEMSELVES AND THEIR LIVING
18	QUARTERS CLEAN AND TO PRACTICE
19	good health habits, DEFENDANT'S
20	DENIED PLAINTIFF HIS ShowER ON 11/20/0
21	DEFENDANT'S ShowED DECIBERATE
23	The state of the s
24	-MENT THAT CONSTITUE CRUEL UNUSUAL
25	IV. Relief
6	
7	Your complaint cannot go forward unless you request specific relief. State briefly exactly
8	what you want the court to do for you. Make no legal arguments; cite no cases or statutes.
.0	THOUSAND DOLLARS DUE TO!
	COMPLAINT - 3 -

1	HARRASSMENT, TARGETING PLAINTIFF
2	WIOLATION OF CONSTITUTION RIGHTS,
3	PUNITIVE DAMACES 20.000 TWENTY
4	THOUSAND DOCLARS DUETO: MENTAL
5	ANQUISH SEVERE EMBTIRDAL DISTRES
6	POST TRAUMATIC STRESS dISORDED
7	I declare under penalty of perjury that the foregoing is true and correct.
8	
9	Signed this 11 day of 22 , 20 07
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11	Willie Weaven
12	(Plaintiff's signature)
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28	
	COMPLAINT -4-

WILLIE WEAVER

J-9138 GASES: 07-CV-06100JW Document 1-3

PECTEAN BAY STATE

PRISON P.O. BOX 7000

CRESCENT CITY! EARS

CONFIDENTIAL LEGAL MAIL

94100%9999

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PELICAN BAY, STATE PRIGON 5905 Lake Earl Dr Crescent City CA 95532





OFFICE OF THE CI UNITED STATES COURT NORTHERN OF CALIFORNIA 40 GOLDEN GATE

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